



RESIGNATION
Nova Scotia Physiotherapy License
Return to Email Address:
office@nsphysio.com
or mail to:
NSCP, PO Box 5082, Waverley, NS B2R 1S2

I, _____ License # _____

do hereby notify the Registrar of the Nova Scotia College of Physiotherapists that I will be resigning my license effective on (Date)_____.

I confirm at this time that my practice hours for the current year total _____

And I have accumulated _____ Volunteer hours and _____ Continuing Education hours in this current year as well.

Signature: _____ Date: _____